

Effect of Palandu Pottali in Prolapsed Hemorrhoids: A Case Report

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Abstract—Hemorrhoids are a common anorectal disorder characterized by the enlargement and prolapse of the vascular cushions of the anal canal. In Ayurveda, this condition is described as *Arsas* and is considered a significant anorectal disease. The present case report evaluates the effect of *Palandu Pottali* in the management of prolapsed hemorrhoids. A 67-year-old male presented with prolapsed hemorrhoidal mass and difficulty in defecation for last four days. After clinical assessment and diagnosis of hemorrhoids, *Palandu Pottali* was administered for 7 days. The outcome was assessed based on reduction in the size of prolapse and improvement in bowel habits. The patient showed a noticeable reduction in the prolapsed mass along with improved ease of defecation and symptomatic relief. *Palandu Pottali* demonstrated beneficial effects in the management of prolapsed hemorrhoids in this case.

Keywords— *Arsas*, Hemorrhoids, *Palandu*, *Pottali*.

I. INTRODUCTION

Hemorrhoids are a common anorectal disorder resulting from the enlargement and prolapse of the vascular cushions of the anal canal. They commonly present with symptoms such as rectal bleeding, prolapse, discomfort, and difficulty during defecation. Factors such as chronic constipation, straining during bowel movements, low-fiber diet, and a sedentary lifestyle may contribute to their development. The current management of hemorrhoids encompasses conservative measures, pharmacological therapy, and surgical interventions, selected according to the severity and clinical presentation of the disease. In modern medicine, commonly used pharmacological treatments include laxatives, stool softeners, topical anaesthetics, corticosteroids, vaso protective agents, and anti-inflammatory medications, which primarily provide symptomatic relief but may not adequately address the underlying pathology or prevent recurrence. Surgical procedures such as haemorrhoidectomy, stapled hemorrhoidopexy, rubber band ligation, sclerotherapy, and infrared coagulation are effective treatment modalities¹; however, they may be associated with postoperative pain, bleeding, infection, anal stenosis, recurrence, hospitalization, loss of working days, and increased treatment costs. Furthermore, many patients are reluctant to undergo surgical procedures due to fear of operative intervention, postoperative discomfort, potential complications, and prolonged recovery. Therefore, there is a growing need for a safe, effective, minimally invasive, and patient-friendly treatment option that can bridge the gap between conservative management and surgery.

In Ayurveda, hemorrhoids are described as *Arsas*, one of the disorders affecting the anorectal regio. The condition can significantly impair the patient's quality of life, if left untreated. This case report presents the management of prolapsed hemorrhoids with *Palandu Pottali* and evaluates its effect on symptom relief and reduction of prolapse.

Case Study

Chief complaints with duration

The patient, a 67-year-old male, presented to the Outpatient Department (OPD) with complaints of a mass protruding per anus and difficulty in defecation for the past four days.

History of present illness

The patient was apparently well one month prior to presentation, after which he developed progressive difficulty in defecation. Two days before attending the Outpatient Department, he noticed a protruding mass at the anal opening associated with pain during defecation. As the symptoms worsened, he sought medical evaluation and management.

Systemic Examination

Gastrointestinal System (GIS): Difficulty in defecation with prolapsing hemorrhoidal mass; other findings within normal limits.

Local Examination (Ano-rectal Examination)

On local examination, a prolapsing hemorrhoidal mass was observed at the anal verge at 3'o'clock and 9'0'clock position. The mass was soft and not reducible, with no evidence of active bleeding, ulceration, discharge, fissure, or fistulous opening.

Treatment

- The patient was evaluated through detailed history taking and clinical examination.

- Diagnosis of Prolapsed Hemorrhoids was confirmed by proctoscopic examination.
- Routine pre-operative investigations were reviewed.
- The procedure was explained to the patient and written informed consent was obtained.
- Vital signs were recorded and the patient was prepared under aseptic precautions.

The patient was placed in the left lateral position with the right knee flexed. The perianal region was cleaned and prepared under strict aseptic precautions. A digital rectal examination was performed to assess the anal canal and hemorrhoidal mass. *Palandu Pottali* was gently inserted into the anal canal and retained for one hour. Following the procedure, the patient was kept under observation and vital signs were monitored.

The patient was assessed for any immediate complications such as pain, bleeding, or discomfort. Advice regarding local hygiene, dietary modifications, and adequate fluid intake was provided.



Before treatment-1st day



After treatment-7th day



Follow up – 14th day

II. OBSERVATION

Day	Clinical Findings
Day 1	Prolapsed hemorrhoid present
Day 2	Mild reduction in size of hemorrhoids
Day 3	Further reduction in size of hemorrhoids
Day 4	Continued reduction in size of hemorrhoids
Day 5	size of hemorrhoids visibly reduced; congestion decreased.
Day 6	Minimal residual mass present
Day 7	Marked reduction in size of prolapsed hemorrhoid with significant symptomatic relief.
Follow-up (14 th day)	Improvement maintained

III. ANALYSIS AND RESULT

The patient presented with progressive clinical improvement following treatment with *Palandu Pottali* for 7 consecutive days. Serial clinical observations revealed a gradual reduction in the prominence of the prolapsed hemorrhoidal swelling throughout the treatment period. The associated oedema and congestion also showed progressive improvement. Comparison of the baseline and post-treatment clinical photographs provided visual evidence of a noticeable reduction in the prolapsed hemorrhoidal swelling, supporting the clinical observations.

In addition to the local changes, the patient reported a gradual reduction in discomfort and difficulty during defecation, with easier bowel evacuation as the treatment progressed. The improvement was evident from the initial days of therapy and continued until the completion of treatment. No adverse effects or local complications were observed during the treatment period. On follow-up, the clinical improvement was maintained, with no worsening of symptoms or recurrence of the swelling during the observation period.

IV. DISCUSSION

Hemorrhoids are dilated and enlarged vascular cushions of the anal canal and are commonly associated with discomfort during defecation, perianal swelling, and difficulty in maintaining perianal hygiene. Conservative management aims to reduce the swelling, relieve symptoms, and improve the patient's quality of life while avoiding unnecessary surgical intervention.¹ In the present case, the patient was managed with *Palandu* ^{2,3} *Pottali*, and serial clinical observations demonstrated progressive improvement in the prolapsed hemorrhoidal swelling over the treatment period. The before-and-after clinical photographs further supported the observed clinical improvement.

From an Ayurvedic perspective, *Arsas* is considered one of the *Aṣṭa Mahagadas*,^{4,6} reflecting its chronic nature and the difficulty encountered in its management. *Palandu* (*Allium cepa* Linn.) has been described in the classical texts for its beneficial effect in *Arsas*. According to *Bhavaprakasa Nighaṇṭu*, *Palandu* possesses Madhura and Kaṭu Rasa, Guru and Tikṣṇa Guna, Anuṣṇa Virya, and Madhura Vipaka.⁷ Its therapeutic effects in *Kaphavataja Arsas* is attributed to its Prabhava rather than its *Rasapanchaka*,² suggesting its therapeutic role in conditions characterized by swelling and obstruction. The local application of *Palandu Pottali* allows

the drug to act directly over the affected region, thereby maximizing its local therapeutic effect.

The warm application of the *Pottali* may have contributed to improved local circulation and reduction in tissue edema. The *Snigdha* property of the medium helps maintain local softness and reduces friction during defecation, thereby improving patient comfort. The *Ushna Virya* and *Tikṣṇa Guṇa* of *Palandu* may facilitate the resolution of localized swelling by alleviating *Kapha* and *Vata* predominance at the affected site.⁷ These Ayurvedic properties may collectively explain the gradual reduction in the prominence of the prolapsed hemorrhoidal swelling observed in this case.

From a modern pharmacological perspective, *Palandu* contains several biologically active constituents, including flavonoids such as quercetin, phenolic compounds, and organosulfur compounds. These constituents have demonstrated anti-inflammatory, antioxidant, and wound-healing properties in experimental and clinical studies. Quercetin has been reported to inhibit the production of inflammatory mediators and reduce oxidative stress, while sulfur-containing compounds may improve tissue repair and local microcirculation.⁸ The combined actions of these phytochemicals could have contributed to the reduction in edema and congestion, thereby facilitating regression of the prolapsed hemorrhoidal swelling. The gradual reduction in discomfort and difficulty during defecation observed in this patient may be attributed to the reduction in the bulk of the hemorrhoidal swelling and improvement in the local inflammatory response. The absence of adverse effects throughout the treatment period suggests that *Palandu Pottali* was well tolerated in this patient. The clinical photographs obtained before and after treatment served as visual documentation of the patient's progress and supported the serial clinical observations. Although photographic assessment cannot replace standardized objective measurements, it provides valuable evidence of clinical improvement in a single case report when images are obtained under similar conditions. As this report describes the outcome in a single patient, the findings cannot be generalized to the wider population. The absence of objective dimensional measurements and the short duration of follow-up are additional limitations. Further prospective studies involving a larger sample size, standardized objective assessment methods, and longer follow-up are required to validate the efficacy and safety of *Palandu Pottali* in the management of prolapsed hemorrhoids.

Overall, the present case suggests that *Palandu Pottali* may be a safe and potentially effective conservative

therapeutic option for the management of prolapsed hemorrhoids. The observed reduction in hemorrhoidal swelling, improvement in discomfort and difficulty during defecation, together with the absence of adverse effects, warrant further systematic clinical evaluation through well-designed studies

V. CONCLUSION

The present case demonstrated favorable clinical improvement following the local application of *Palandu Pottali* in the management of Prolapsed hemorrhoids. Serial clinical observations and photographic documentation revealed a progressive reduction in the prolapsed hemorrhoidal swelling, accompanied by improvement in discomfort and difficulty during defecation. No adverse effects were observed during the treatment period. Although the findings are encouraging, they are based on a single case and therefore cannot be generalized. Further well-designed clinical studies with larger sample sizes and objective assessment methods are warranted to establish the efficacy and safety of *Palandu Pottali* in the management of prolapsed hemorrhoids.

VI. REFERENCE

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